Wisconsin Department of Regulation & Licensing Mail To: P.O. Box 8935 Madison, WI 53708-8935 Madison, WI 53708-8935 Madison, WI 53703

FAX #: (608) 268-3816 (608) 266-5511 Phone #:

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

ACCOUNTING EXAMINING BOARD

PERSONAL CHRONOLOGICAL RESUMÉ OF ACCOUNTING EXPERIENCE

Type or pr	ate				
should be	e listed as	engagem	tendance at a university or college should be listed as ent 2, with subsequent experience in chronological order lyear under engagements. Enter total time claimed in col	. What you are	
ENGAGEMENT NO. 1			School Attended		
FROM:			Location		
Month	Day	Year	Location		
TO:			Degree Received	Major	
Month	Day	Year			
ENG	CEL CEL	1310.0			
ENGAGEMENT NO. 2 FROM:			Employer		
Month	————Day	Year	Address of Employer		
	Day	1 cai	Type of Work Performed & Title/Position Held	Immediate Super	rvisor
TO:					
Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					
					Years Months
ENGAGEMENT NO. 3		NO. 3	Employer		
FROM:			Address of Employer		
Month	Day	Year	Type of Work Performed & Title/Position Held	Immediate Super	rvisor
TO:			Type of work refformed & Title/Toshion field	mmediate Supe	1 (1501
Month	Day	Year	Duties/Extent of Experience & Responsibility		
	J				H D W 1
					Hours Per Week
					Years Months

Wisconsin Department of Regulation & Licensing

ENGA	AGEMENT	' NO. 4	Employer		
FROM:					
Month	Day	Year	Address of Employer		
	•		Type of Work Performed & Title/Position Held	Immediate Supervisor	
TO:					
Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					Hours I et Week
					Years Months
					Tears Mondis
ENG	AGEMENT	NO 5	Employer		
FROM:	IOE/IE/11	110.5	Limployer		
			Address of Employer		
Month	Day	Year	Type of Work Performed & Title/Position Held	Immediate Supervisor	
TO:			Type of work refrontied & Title/Tosition field	miniediate Supervisor	
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Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
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					Years Months
					rears wonths
ENGA	AGEMENT	NO. 5	Employer		
FROM:					
			Address of Employer		
Month	Day	Year	Type of Work Performed & Title/Position Held	Immediate Supervisor	
TO:			Type of work refformed & True/Tosidon field	ininediate Supervisor	
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Month	Day	Year	Duties/Extent of Experience & Responsibility		
					Hours Per Week
					Years Months
					Tonio Ministra